



ALABAMA BOARD OF COSMETOLOGY
RSA Union Building, 100 North Union St., Suite 320
P.O. Box 301750, Montgomery, AL, 36130-1750
Phone: 334-242-1918 • Fax: 334-242-1926 • Toll Free: 1-800-815-7453
www.aboc.state.al.us

NEW SALON APPLICATION

REQUIREMENTS

1. This Application Must be in the Office Sixty (60) Days Before Salon Opening
2. Salon Must be Inspected Before Opening for Business
3. a. FEE: \$150.00 • Money Order/Cashier's/Salon Check Only. No Personal Checks
b. FEE: \$100.00 between January 1st and September 1st of Renewal Year (odd-numbered year)
4. Payment Will Not Be Refunded After Processing
5. Copy of Business License from City or County. If Not Zoned, a Statement by Authority – Page 2
6. Relocation to a Different County Requires a New License
7. Properly Licensed Manager Must be on Duty When Salon is Open

Please Print to Complete Application

TYPE OF SALON: (Circle One) COSMETOLOGY NAIL ESTHETICS

Services provided: _____

Name of Salon

Physical Address

City

County

Zip

Phone with Area Code

Mailing address if different from above

I agree to abide by all Laws and Rules of the Board of Cosmetology.

Signature(s) of owner(s)

First Owner's Last Name

First Name

Initial

Social Security #

Signature

First Owner's home address: Street

City

Phone

Second Owner's Last Name

First Name

Initial

Social Security #

Signature

Second Owner's home address: Street

City

Phone

**Please list additional owner(s) and information
on the back of this page.**

CONTINUED ON SECOND PAGE

ABOC USE ONLY

Ck# _____ Type _____

Fee _____ LtChg _____ Total _____

Date Ret _____ By _____

Date Proc _____ By _____

Note: _____

MANAGER'S AGREEMENT**New Salon Application Page 2**

Last Name	First Name	Initial	Social Security#	Date of Birth
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Street	City	County	Zip	Phone
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- Attach a copy of your current license
- Date to Begin Work in This Salon _____
- I Will be on Duty ____ Days a Week.
- My Regular Day(s) off will be: (Please Circle) **S M T W T F S**
- If My Position/Employment with This is Salon Is Terminated I Will Notify the Board in Writing within 10 days.

Signature of Manager

Record ID#

Date**STATEMENT TO BE COMPLETED BY ZONING OFFICIAL****No Zoning Ordinance Applies for this location:**

Signature of Official

Title

Date**This location is zoned for business:**

Signature of Official

Title

Date***Furnish Appropriate Answer Below***

1. Salon Opening Date: _____

Number of Days Open per Week _____ Circle Days Open: S M T W T F S

2. Salon is located in (circle one): Business District Residential District

3. Yes ____ No ____ Proper Outside Sign Displaying Name of Salon

4. Names and Locations of Other Salons Owned _____

Directions from the nearest street or highway listed on a map:_____
